



**VACoRP**

308 Market Street S.E. Suites 1 & 2  
Roanoke, VA 24011  
Phone 540.345.8500 • Toll Free 888.822.6772  
Fax 540.345.5330 • Toll Free 877.212.8599

October 2014

**Botetourt County  
WORKER'S COMPENSATION PANEL OF PHYSICIANS**

**Fincastle Family Practice**

Clarke B. Andrews, MD  
65 Shenandoah Ave., Suite 102  
Daleville, VA 24083  
(540) 992-5994  
**CLIN1706**

**Express Family Care**

Scott Crosby, MD  
3960 Valley Gateway Blvd  
Roanoke, VA 24012  
(540)400-6676  
**CLIN1592**

**Carilion Occupational Medicine**

Hetzal Hartley, MD  
101 Elm Avenue  
Roanoke, VA 24013  
(540) 985-8521  
**UC002387**

**Valley Occ. Medicine – Roanoke**

Darrell Powledge, MD  
512-B McDowell Avenue NE  
Roanoke, VA 24016  
(540) 362-9620  
**CLIN1147**

**Urgent Care Daleville/Velocity Care Daleville**

46 Wesley Rd.  
Daleville, VA 24083  
540-591-9440  
Dr. Joseph Coates  
Dr. Michael Svilagy  
M – Sat 8 to 8  
Sun – 10 to 6

**Doctors Express**

602 Brandon Ave SW  
Roanoke, VA 24015  
540-774-0000  
Dr. Steve Osborne  
Dr. Serge Diepret  
M – F 8 to 8  
Sat 8 to 8  
Sun 8 to 5

**For therapy services ordered by the treating physician,  
contact Alignnetworks at 1-866-389-0211.**

**THE CLOSEST EMERGENCY ROOM OR URGENT CARE FACILITY MAY BE USED DURING A MEDICAL EMERGENCY. ONCE EMERGENCY TREATMENT IS COMPLETE, A PANEL PHYSICIAN MUST BE CHOSEN FOR FOLLOW-UP CARE.**

\_\_\_\_\_ I select \_\_\_\_\_ from the above panel.

\_\_\_\_\_ I decline to select a doctor from the above panel. I understand that I will have to pay for medical treatment and doctor bills, and that I may be denied worker's compensation benefits for any absence based on disability that is not certified by an approved physician.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

**Medical Authorization**

I hereby authorize VACoRP, the insurer, or their representatives to be furnished with any and all information requested to include, but not limited to, medical records, diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. I further agree a photographic carbonless copy of this release shall be as valid as the original. This information is to be used for the sole purpose of evaluating and handling a Virginia Workers' Compensation claim resulting from the incident occurring on or about \_\_\_\_\_ (date) and shall be used for no other purpose, now or in the future.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_